EXHIBIT B

Page 1 IN THE UNITED STATES DISTRICT COURT FOR THE SOUTHERN DISTRICT OF WEST VIRGINIA AT CHARLESTON IN RE: ETHICON, INC.,) Master File No. PELVIC REPAIR SYSTEM PRODUCTS) 2:12-MD-02327 LIABILITY LITIGATION) MDL-2327 THIS DOCUMENT RELATES TO THE) FOLLOWING CASES IN WAVE 1 OF) JOSEPH R. GOODWIN MDL 200:) U.S. DISTRICT JUDGE JULIE WROBLE) Civil Action No. Plaintiff) 2:12-cv-00883 VS. ETHICON, INC., ET AL. Defendant.)

DEPOSITION OF MARIA A. ABADI, M.D.

New York, New York

March 29, 2016

Reported by:

MARY F. BOWMAN, RPR, CRR

	Page 2		Page 4
1	March 29, 2016	1	(Exhibit 1, expert report of
2	1:10 p.m.	2	Maria Abadi marked for identification,
3	1.10 p.m.	3	as of this date.)
4		4	(Exhibit 2, curriculum vitae of
5	Deposition of MARIA A. ABADI,	5	Maria Abadi marked for identification,
6	M.D., held at the offices of Butler Snow,	6	as of this date.)
7		7	· · · · · · · · · · · · · · · · · · ·
	LLP, 1700 Broadway, New York, New York,		(Exhibit 3, list of depositions
8	before Mary F. Bowman, a Registered	8	and trials marked for identification,
9	Professional Reporter, Certified Realtime	9	as of this date.)
10	Reporter, and Notary Public of the State of	10	(Exhibit 4, Supplemental Reliance
11	New Jersey.	11	List in Addition to Materials Provided
12		12	in Report marked for identification, as
13		13	of this date.)
14		14	MARIA A. ABADI,
15		15	called as a witness by the plaintiffs,
16		16	having been duly sworn, testified as
17		17	follows:
18		18	EXAMINATION BY
19		19	MR. PERDUE:
20		20	Q. Would you state your name for us.
21		21	A. Maria A. Abadi.
22		22	Q. Dr. Abadi, you are a pathologist?
23		23	A. I am.
24		24	Q. And you have worked in the field
	Page 3		
	rage 3		Page 5
1		1	
1 2	APPEARANCES:	1 2	of pathology since obtaining your license
2	APPEARANCES:	2	of pathology since obtaining your license to practice medicine in the State of New
2 3	APPEARANCES: PERDUE & KIDD	2	of pathology since obtaining your license to practice medicine in the State of New York?
2 3 4	APPEARANCES: PERDUE & KIDD Attorneys for Plaintiffs	2 3 4	of pathology since obtaining your license to practice medicine in the State of New York? A. Correct, yes.
2 3 4 5	APPEARANCES: PERDUE & KIDD Attorneys for Plaintiffs 510 Bering Drive, Suite 550	2 3 4 5	of pathology since obtaining your license to practice medicine in the State of New York? A. Correct, yes. Q. Your current practice is in the
2 3 4 5 6	APPEARANCES: PERDUE & KIDD Attorneys for Plaintiffs 510 Bering Drive, Suite 550 Houston, TX 77057	2 3 4 5 6	of pathology since obtaining your license to practice medicine in the State of New York? A. Correct, yes. Q. Your current practice is in the Bronx, as I understand it?
2 3 4 5 6 7	APPEARANCES: PERDUE & KIDD Attorneys for Plaintiffs 510 Bering Drive, Suite 550	2 3 4 5 6 7	of pathology since obtaining your license to practice medicine in the State of New York? A. Correct, yes. Q. Your current practice is in the Bronx, as I understand it? A. Yes, it is.
2 3 4 5 6 7 8	APPEARANCES: PERDUE & KIDD Attorneys for Plaintiffs 510 Bering Drive, Suite 550 Houston, TX 77057	2 3 4 5 6 7 8	of pathology since obtaining your license to practice medicine in the State of New York? A. Correct, yes. Q. Your current practice is in the Bronx, as I understand it? A. Yes, it is. Q. And you have been in the practice
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2 3 4 5 6 7 8 9	APPEARANCES: PERDUE & KIDD Attorneys for Plaintiffs 510 Bering Drive, Suite 550 Houston, TX 77057 BY: JIM M. PERDUE, JR., ESQ.	2 3 4 5 6 7 8 9	of pathology since obtaining your license to practice medicine in the State of New York? A. Correct, yes. Q. Your current practice is in the Bronx, as I understand it? A. Yes, it is. Q. And you have been in the practice of pathology in the Bronx since 1998? A. 1997.
2 3 4 5 6 7 8 9 10	APPEARANCES: PERDUE & KIDD Attorneys for Plaintiffs 510 Bering Drive, Suite 550 Houston, TX 77057 BY: JIM M. PERDUE, JR., ESQ. THOMAS, COMBS & SPANN, ESQS.	2 3 4 5 6 7 8 9 10	of pathology since obtaining your license to practice medicine in the State of New York? A. Correct, yes. Q. Your current practice is in the Bronx, as I understand it? A. Yes, it is. Q. And you have been in the practice of pathology in the Bronx since 1998? A. 1997. Q. Specifically, you are at the
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2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22	APPEARANCES: PERDUE & KIDD Attorneys for Plaintiffs 510 Bering Drive, Suite 550 Houston, TX 77057 BY: JIM M. PERDUE, JR., ESQ. THOMAS, COMBS & SPANN, ESQS. Attorneys for Defense Ethicon 300 Summers Street, Suite 1380 Charleston, West Virginia 25301	2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22	of pathology since obtaining your license to practice medicine in the State of New York? A. Correct, yes. Q. Your current practice is in the Bronx, as I understand it? A. Yes, it is. Q. And you have been in the practice of pathology in the Bronx since 1998? A. 1997. Q. Specifically, you are at the Jacobi Medical Center in the Bronx? A. Yes, correct. Q. And that's where you have been since 1997. A. Yes. Q. You began work there as a surgical pathology and cytopathology specialist? A. Yes, um-hm. Q. In the subspecialty of those fields, correct?
2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23	APPEARANCES: PERDUE & KIDD Attorneys for Plaintiffs 510 Bering Drive, Suite 550 Houston, TX 77057 BY: JIM M. PERDUE, JR., ESQ. THOMAS, COMBS & SPANN, ESQS. Attorneys for Defense Ethicon 300 Summers Street, Suite 1380 Charleston, West Virginia 25301	2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23	of pathology since obtaining your license to practice medicine in the State of New York? A. Correct, yes. Q. Your current practice is in the Bronx, as I understand it? A. Yes, it is. Q. And you have been in the practice of pathology in the Bronx since 1998? A. 1997. Q. Specifically, you are at the Jacobi Medical Center in the Bronx? A. Yes, correct. Q. And that's where you have been since 1997. A. Yes. Q. You began work there as a surgical pathology and cytopathology specialist? A. Yes, um-hm. Q. In the subspecialty of those fields, correct? A. Correct, yes.
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2 (Pages 2 to 5)

1 2 3 4	that. Q. You got under the wire in 1996?	1	Page 24 Q. I did not see it, Dr. Abadi. Are
2 3 4		l +	Q. I did not see it, Dr. Abadi. Are
3 4	O YOU GO! Under the wire in 1990/	1 1	41
4	-	2	there any publications that you have
	A. Yes. I think it was around that	3	participated in in the past that are
	time, I think a little bit later, that the	4	related to the issue of host tissue
5	American Board of Pathology decided to	5	response and a foreign material?
6	change that.	6	A. No.
7	Q. So you have not engaged to be	7	Q. Are there you have never
8	recertified in anatomic pathology?	8	written regarding the female body's host
9	A. Right.	9	tissue response to a foreign material of
10	Q. You took the test in '96 and have	10	any kind, fair?
11	not taken it again?	11	A. Fair.
12	A. Yes.	12	Q. You have never studied the
13	Q. Then you list board certified in	13	foreign body response in a female to a
14	cytopathology, which you got in 1997, and I	14	foreign material of any kind, fair?
15	don't know if there is a recertification.	15	MR. COMBS: Object to form.
16	A. Right now, there is. The same	16	A. Yes, no.
17	thing happened with cytopathology.	17	Q. And specifically, you have never
18	Q. You got in under the wire for	18	written anything before your report in this
19	that one as well?	19	case regarding the female body's response
20	A. Yes. That means I'm old.	20	to polypropylene mesh?
21	Q. No, it doesn't. It means you	21	A. That is correct.
22	took the test a while ago.	22	Q. And you have never published any
23	Do you know if there is any	23	type of study or article regarding the
24	effort to address, amongst the college,	24	female pathologic response to polypropylene
21	errort to address, amongst the confege,	24	remaie pathologie response to polypropyrene
	Page 23		Page 25
1	making recertification mandatory?	1	mesh?
2	A. No. Not that I know of. The way	2	A. That is correct.
3	they have approached this issue is by doing	3	Q. You have not, before this
4	continuing medical education. So we need	4	litigation, ever conducted any personal
5	to take proficiency tests, which I do every	5	study of the female host tissue response to
6	year.	6	polypropylene mesh?
7	Q. Is that through your facility or	7	A. That is correct.
8	through the college?	8	Q. I saw on the hospital website
9	A. No, through the college, American	9	that one of your areas of interest is HPV.
10	Pathologists.	10	Would you consider that one of your areas
11	Q. You have some what you describe	11	of interest?
12	as communications in reviewed journals?	12	A. Yes. That has been an area of
13	A. That is correct.	13	
13		14	interest, yeah.
15	Q. And that is a list of, as I read it, 28 articles?	15	Q. Any other specific subareas of
16	*		your practice that you would list as an
	A. Correct.	16	area of interest?
17	Q. Are those articles that were	17	A. I have interest in genetic
18	submitted for peer review?	18	conditions, Lynch syndrome, for example.
19	A. Yes.	19	Q. Lynch syndrome?
20	Q. These date back then to '96 and	20	A. Lynch syndrome.
21	continue up until the last one on here	21	I have done collaborative
\sim	is regarding mesenchymal breast lesions,	22	research with the people across the street,
22			
22 23 24	which is in press. A. Yes.	23 24	meaning the medical school, in terms of tissue reaction, but not to foreign

7 (Pages 22 to 25)

	Page 26		Page 28
1	material, but to bacteria.	1	accurate?
2	Q. So fair to say that not even in a	2	A. That is accurate.
3	special area of study or interest has the	3	Q. Your personal experience with
4	issue of foreign body reaction of human	4	interpreting pathological samples that come
5	tissue to an implant, that has never been	5	to you from a surgeon excising mesh, as
6	an area of special interest for you?	6	you, I think, have just said, is a couple
7	A. No. I have studied tissue	7	of years. Is that accurate?
8	reaction to infections.	8	A. That is correct.
9	Q. How much personal experience do	9	Q. Are we talking two or three a
10	you have with pathology samples coming to	10	year?
11	you of which the requisition for	11	A. Yes, about that.
12	pathological review lets you know that it	12	Q. Would that be true for the last
13	is excised mesh from the female body?	13	dozen years?
14	A. OK. We have a very active	14	A. Yes, it would be true back for
15	urogyne service, surgical service, so we do	15	the last decade.
16	receive meshes. Not many a year. A couple	16	Q. For the last decade, you would
17	a year.	17	see approximately two or three excised mesh
18	We also receive several hernia	18	samples on an annual basis?
19	meshes as well and different foreign bodies	19	A. Yes.
20	from different sites.	20	Q. That's your personal experience
21	So I do have experience with	21	world?
22	foreign body material in surgical	22	A. Yes, outside the litigation part.
23	pathology, because we are a level one	23	Q. In that personal experience, when
24	trauma center and we get a lot of foreign	24	a mesh sample comes to you, as a
	Page 27		Page 29
1	bodies.	1	pathologist in the pathology lab, is it
2	Q. Specifically you understand that	2	fair to say you have no idea who the
3	you are here in litigation involving	3	manufacturer of the mesh is?
4	Ethicon's Prolene Soft Mesh?	4	A. Yes. We don't know all the time
5	A. I do understand that.	5	what the manufacturer is.
6	Q. As I understand it, the opinions	6	Q. A pathology requisition form that
7	that you have offered through your written	7	comes out of a surgical suite just tells
8	report are specifically limited to products	8	you the surgery has been excision of mesh,
9	that would include as a component part	9	correct?
10	Prolene Soft Mesh.	10	A. Yes, that is correct.
11	A. That is correct.	11	Q. When you look at pathology as a
12	Q. You understand there are	12	cut of tissue under a microscope, you don't
13	different manufacturers of polypropylene	13	know if that sample involves Ethicon's
		14	Prolene mesh, AMS's mesh, Boston Scientific
14	mesh for female incontinence or pelvic		
14 15	organ prolapse?	15	mesh, correct?
14 15 16	organ prolapse? A. Yes, I understand that.	15 16	mesh, correct? A. Correct.
14 15 16 17	organ prolapse? A. Yes, I understand that. Q. You understand that there are	15 16 17	mesh, correct? A. Correct. Q. So fair to say that it would be
14 15 16 17 18	organ prolapse? A. Yes, I understand that. Q. You understand that there are different constructions of mesh for those	15 16	mesh, correct? A. Correct. Q. So fair to say that it would be impossible for you to estimate your
14 15 16 17 18	organ prolapse? A. Yes, I understand that. Q. You understand that there are different constructions of mesh for those products by Ethicon or by others?	15 16 17	mesh, correct? A. Correct. Q. So fair to say that it would be impossible for you to estimate your personal experience with pathological
14 15 16 17 18 19	organ prolapse? A. Yes, I understand that. Q. You understand that there are different constructions of mesh for those products by Ethicon or by others? A. Yes, I do understand that.	15 16 17 18	mesh, correct? A. Correct. Q. So fair to say that it would be impossible for you to estimate your
14 15 16 17 18 19 20 21	organ prolapse? A. Yes, I understand that. Q. You understand that there are different constructions of mesh for those products by Ethicon or by others? A. Yes, I do understand that. Q. So specifically, your report	15 16 17 18 19	mesh, correct? A. Correct. Q. So fair to say that it would be impossible for you to estimate your personal experience with pathological
14 15 16 17 18 19 20 21	organ prolapse? A. Yes, I understand that. Q. You understand that there are different constructions of mesh for those products by Ethicon or by others? A. Yes, I do understand that. Q. So specifically, your report identifies that you are offering opinions	15 16 17 18 19 20	mesh, correct? A. Correct. Q. So fair to say that it would be impossible for you to estimate your personal experience with pathological review of excised Ethicon mesh?
14 15 16 17 18 19 20 21	organ prolapse? A. Yes, I understand that. Q. You understand that there are different constructions of mesh for those products by Ethicon or by others? A. Yes, I do understand that. Q. So specifically, your report	15 16 17 18 19 20 21	mesh, correct? A. Correct. Q. So fair to say that it would be impossible for you to estimate your personal experience with pathological review of excised Ethicon mesh? A. Could you repeat that? I'm

	Page 30		Page 32
1	pathological review of excised Prolene Soft	1	A. No.
2	Mesh?	2	Q. Likewise, I would assume just
3	A. Correct.	3	from a pathology standpoint, you have never
4	O. You would have no idea what that	4	looked at any pathology perspective on
5	number is, fair?	5	repair of SUI or POP using something other
6	A. That is correct.	6	than polypropylene mesh?
7	O. It would be some fraction of a	7	A. I didn't understand the question,
8	handful a year for the past decade, fair?	8	I'm sorry.
9	A. Yes.	9	Q. You have never studied,
10	Q. So if we did two or three a year	10	published, written on, for example,
11	for ten years, 20 to 30, the number of	11	pathological diagnoses that may you may
12	those that might be Prolene Soft, you	12	encounter for somebody who had a native
13	couldn't tell us, true?	13	tissue repair?
14	A. Yes, true.	14	A. Right, I haven't written about
15	Q. And if there was a number of any	15	that.
16	of those that are Prolene Soft, you would	16	Q. So something where a female
17	have no idea what it is, correct?	17	diagnosis of SUI or POP was treated with
18	A. Yes.	18	something other than polypropylene mesh.
19	Q. But it would be a fraction, it	19	A. Polypropylene mesh, yes.
20	would be some portion of 20 to 30 at best,	20	Q. Does that make sense now?
21	correct?	21	A. Yes, it does.
22	A. Yes, that is correct.	22	Q. You have never studied or written
23	Q. There are abstracts on your CV,	23	on that either?
24	and I so there is an abstract of the	24	A. Yes. No, I haven't.
24	and 1 so there is an abstract of the	24	A. Tes. No, I haven t.
	Page 31		Page 33
1	ar alar, alar ir ia i		
	medical lit publication that gives you a	1	Q. So as far as the comparison
2	summary, and then there are abstracts that	1 2	Q. So as far as the comparison between the two, what may be the host
			between the two, what may be the host tissue response for non-polypropylene mesh
2	summary, and then there are abstracts that	2	between the two, what may be the host
2	summary, and then there are abstracts that are considered poster presentations or A. Yes. Oral presentations, yes. Q. So these abstracts, are these	2 3	between the two, what may be the host tissue response for non-polypropylene mesh
2 3 4	summary, and then there are abstracts that are considered poster presentations or A. Yes. Oral presentations, yes.	2 3 4	between the two, what may be the host tissue response for non-polypropylene mesh versus polypropylene mesh, again, is not
2 3 4 5	summary, and then there are abstracts that are considered poster presentations or A. Yes. Oral presentations, yes. Q. So these abstracts, are these	2 3 4 5	between the two, what may be the host tissue response for non-polypropylene mesh versus polypropylene mesh, again, is not something that you have studied or written
2 3 4 5 6	summary, and then there are abstracts that are considered poster presentations or A. Yes. Oral presentations, yes. Q. So these abstracts, are these presentations in which you participated	2 3 4 5 6	between the two, what may be the host tissue response for non-polypropylene mesh versus polypropylene mesh, again, is not something that you have studied or written on, fair? A. Correct. Q. By way of your CV that we have
2 3 4 5 6 7	summary, and then there are abstracts that are considered poster presentations or A. Yes. Oral presentations, yes. Q. So these abstracts, are these presentations in which you participated over time at different events?	2 3 4 5 6 7	between the two, what may be the host tissue response for non-polypropylene mesh versus polypropylene mesh, again, is not something that you have studied or written on, fair? A. Correct.
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2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20	summary, and then there are abstracts that are considered poster presentations or A. Yes. Oral presentations, yes. Q. So these abstracts, are these presentations in which you participated over time at different events? A. Yes. Q. And that's just what you call an abstract? A. Yes. Q. Again, none of these presentations on this list of abstracts relate in any way to foreign body reaction or host tissue response to a foreign body? A. That is correct. Q. You do not have any current research on foreign body response to polypropylene mesh in the female body? A. No.	2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20	between the two, what may be the host tissue response for non-polypropylene mesh versus polypropylene mesh, again, is not something that you have studied or written on, fair? A. Correct. Q. By way of your CV that we have looked at, we can agree that you have no experience or training in polymer chemistry? A. Yes. Q. You are not in a any form or fashion, an expert in polypropylene? A. No, I am not. Q. You have never done laboratory research on polypropylene? A. I have not. Q. You have never done any bench testing on polypropylene products?
2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21	summary, and then there are abstracts that are considered poster presentations or A. Yes. Oral presentations, yes. Q. So these abstracts, are these presentations in which you participated over time at different events? A. Yes. Q. And that's just what you call an abstract? A. Yes. Q. Again, none of these presentations on this list of abstracts relate in any way to foreign body reaction or host tissue response to a foreign body? A. That is correct. Q. You do not have any current research on foreign body response to polypropylene mesh in the female body? A. No. Q. You have not written any peer-reviewed journal article on foreign	2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21	between the two, what may be the host tissue response for non-polypropylene mesh versus polypropylene mesh, again, is not something that you have studied or written on, fair? A. Correct. Q. By way of your CV that we have looked at, we can agree that you have no experience or training in polymer chemistry? A. Yes. Q. You are not in a any form or fashion, an expert in polypropylene? A. No, I am not. Q. You have never done laboratory research on polypropylene? A. I have not. Q. You have never done any bench testing on polypropylene products? A. No, I haven't.
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	Page 54		Page 56
1	diagnose lung cancer.	1	department, in the hierarchy of the
2	Q. OK. And who retained you in that	2	hospital, is he above you?
3	case?	3	A. Yes, he is.
4	A. The plaintiff.	4	Q. So I assume you collaborate with
5	Q. As we go through the list, the	5	him on administrative issues regularly?
6	first one and last one were on behalf of	6	A. Yes, we do.
7	plaintiffs, and the other eight were on	7	Q. You interact with him on a weekly
8	behalf of the defendants?	8	basis?
9	A. That is correct.	9	A. Yes.
10	Q. Is this your first deposition in	10	Q. If not daily?
11	a product liability matter?	11	A. Yes, daily.
12	A. Yes, it is.	12	Q. Is there a scenario where
13	Q. Have you ever worked for Ethicon	13	Dr. Factor could be on a case issuing an
14	before this litigation?	14	opinion and you could be on the opposite
15	A. No.	15	side from him?
16	Q. Have you ever had a consulting	16	A. Oh, yes, that has happened.
17	contract with their product line or	17	Q. Really? When is that?
18	anything like that?	18	A. Not long ago there was a case
19	A. No.	19	where he was in one side and I was the
20	Q. How did Ethicon get in touch with	20	other. I don't recall the name of the
21	you?	21	case, but
22	A. It was through Dr. Factor.	22	Q. Is it on this list?
23	Q. Dr. Factor, you have identified	23	A. No, it's not, because it didn't
24	earlier, was a physician who I understand	24	have a dep you know, in New York we
	Page 55		Page 57
1	you worked under when you first came to	1	don't have depositions for medical-legal
2	America?	2	cases. So if it is a New York case, it
3	A. And I still do.	3	could be or if it is there are some
4	Q. I was going to move you up on the	4	times when they don't take the depositions
5	hierarchy.	5	of pathologists, if it is an outside.
6	MR. COMBS: She is now the	6	Q. So we have a list of ten
7	director of the lab, but he is the	7	depositions and trials that you were kind
8	chairman.	8	enough to provide. Have these all occurred
9	Q. He is the chair.	9	in the last five years?
10	A. He is the chair.	10	A. Yeah, four years.
11	Q. So Dr. Factor, you understand, is	11	Q. Last four years?
12	an expert and has served as an expert on	12	A. Yes.
13	behalf of Ethicon?	13	Q. How many depositions do you think
14	A. Correct.	14	you have given?
15	Q. And at some point in time, you	15	A. I would add to this probably four
16	understand Dr. Factor gave Ethicon's	16	more maybe, to this list.
17	attorneys your name to also serve as an	17	Q. To this list. So total in the
18	expert on behalf of Ethicon?	18	time you have been practicing in the United
1.0	A. Yes.	19	States of America, 14?
19	Q. And Dr. Factor, is he your	20	A. Yeah. I would think that less
20	, ,		d d (D 1 22
	supervisor?	21	than that. For depositions.
20		21 22	Q. And then there are trials on this
20 21	supervisor?		÷

15 (Pages 54 to 57)

	Page 74		Page 76
1	the host tissue response to Prolene Mesh?	1	based upon your personal review of five
2	A. Yes. I was sent several articles	2	cases of explanted materials of women who
3	talking about the different reactions to	3	were implanted with Prolene Soft Mesh?
4	the different types of meshes that include	4	A. Yes.
5	Prolene.	5	Q. And that was the samples that
6	Q. The report that you are issuing,	6	were provided to you and you have
7	on this general report, as it says on	7	personally reviewed that you knew the
8	page 1, related to Wave 1, specifies that	8	pathology was related or was sourced by
9	it is applicable to Ethicon meshes made of	9	Prolene Soft?
10	Prolene Soft Mesh, correct?	10	A. Yes.
11	A. Yes.	11	Q. Your personal experience, you
12	Q. The report does not intend to be	12	don't know if you have had any personal
13	Dr. Abadi's opinions regarding host tissue	13	experience with looking at pathology
14	response to Prolene Mesh?	14	samples of Prolene Soft Mesh, correct?
15	A. Correct.	15	MR. COMBS: Object to form.
16	Q. Only to Prolene Soft Mesh?	16	A. Right. Well, I I don't I
17	A. Right.	17	didn't understand that last part, but in
18	Q. And you	18	regard to this, to your observations, yes.
19	A. I'm sorry. Even though the	19	The cases that I reviewed were provided by
20	material is polypropylene.	20	Ethicon, and then yes, they were Prolene
21	Q. So and that's what I am trying	21	Soft Mesh.
22	to understand right now.	22	Q. So the basis for your opinions
23	A. Yes, correct.	23	regarding the host tissue response to
24	Q. You understand different meshes	24	Ethicon mesh is based on your personal
	Page 75		Page 77
1	may have different properties?	1	review of five explanted materials that
2	A. Yes.		=
		2	were specifically Prolene Soft Mesh.
3	Q. They can have different pore	3	were specifically Prolene Soft Mesh. A. Yes.
3 4	Q. They can have different pore sizes?		A. Yes.
		3	A. Yes.Q. The if you turn to page 13 of
4	sizes? A. Correct.	3 4	A. Yes.
4 5	sizes? A. Correct.	3 4 5	A. Yes. Q. The if you turn to page 13 of your report, the final conclusion you make
4 5 6	sizes? A. Correct. Q. They can have different weave	3 4 5 6	A. Yes. Q. The if you turn to page 13 of your report, the final conclusion you make in your report states that "regarding
4 5 6 7	sizes? A. Correct. Q. They can have different weave patterns?	3 4 5 6 7	A. Yes. Q. The if you turn to page 13 of your report, the final conclusion you make in your report states that "regarding symptomatology, there is no direct
4 5 6 7 8	sizes? A. Correct. Q. They can have different weave patterns? A. Yes.	3 4 5 6 7 8	A. Yes. Q. The if you turn to page 13 of your report, the final conclusion you make in your report states that "regarding symptomatology, there is no direct correlation between histologic findings and
4 5 6 7 8 9	sizes? A. Correct. Q. They can have different weave patterns? A. Yes. Q. They can have different thickness	3 4 5 6 7 8	A. Yes. Q. The if you turn to page 13 of your report, the final conclusion you make in your report states that "regarding symptomatology, there is no direct correlation between histologic findings and clinical presentation due to the fact that
4 5 6 7 8 9	A. Correct. Q. They can have different weave patterns? A. Yes. Q. They can have different thickness or weight?	3 4 5 6 7 8 9	A. Yes. Q. The if you turn to page 13 of your report, the final conclusion you make in your report states that "regarding symptomatology, there is no direct correlation between histologic findings and clinical presentation due to the fact that pain is a complex process influenced by
4 5 6 7 8 9 10	sizes? A. Correct. Q. They can have different weave patterns? A. Yes. Q. They can have different thickness or weight? A. Yes.	3 4 5 6 7 8 9 10 11 12 13	A. Yes. Q. The if you turn to page 13 of your report, the final conclusion you make in your report states that "regarding symptomatology, there is no direct correlation between histologic findings and clinical presentation due to the fact that pain is a complex process influenced by anatomical, chemical and psychosocial
4 5 6 7 8 9 10 11 12 13	sizes? A. Correct. Q. They can have different weave patterns? A. Yes. Q. They can have different thickness or weight? A. Yes. Q. And the final product may have different shapes, correct? A. Yes.	3 4 5 6 7 8 9 10 11 12 13 14	A. Yes. Q. The if you turn to page 13 of your report, the final conclusion you make in your report states that "regarding symptomatology, there is no direct correlation between histologic findings and clinical presentation due to the fact that pain is a complex process influenced by anatomical, chemical and psychosocial factors." Do you see that, Doctor? A. Yes, I do.
4 5 6 7 8 9 10 11 12 13 14 15	A. Correct. Q. They can have different weave patterns? A. Yes. Q. They can have different thickness or weight? A. Yes. Q. And the final product may have different shapes, correct? A. Yes. Q. Are your opinions that are laid	3 4 5 6 7 8 9 10 11 12 13 14 15	A. Yes. Q. The if you turn to page 13 of your report, the final conclusion you make in your report states that "regarding symptomatology, there is no direct correlation between histologic findings and clinical presentation due to the fact that pain is a complex process influenced by anatomical, chemical and psychosocial factors." Do you see that, Doctor? A. Yes, I do. Q. Now, we had talked before about
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4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21	A. Correct. Q. They can have different weave patterns? A. Yes. Q. They can have different thickness or weight? A. Yes. Q. And the final product may have different shapes, correct? A. Yes. Q. Are your opinions that are laid out in your report opinions based on the host tissue response to polypropylene mesh in general? A. Well, the tissue samples that I reviewed were from cases that used Prolene Soft Mesh, and therefore, my opinions are	3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21	A. Yes. Q. The if you turn to page 13 of your report, the final conclusion you make in your report states that "regarding symptomatology, there is no direct correlation between histologic findings and clinical presentation due to the fact that pain is a complex process influenced by anatomical, chemical and psychosocial factors." Do you see that, Doctor? A. Yes, I do. Q. Now, we had talked before about the ability to correlate histologic findings with clinical history. Do you recall that conversation? A. Yes, I do. Q. And that at least in practice before this litigation, you had seen
4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22	A. Correct. Q. They can have different weave patterns? A. Yes. Q. They can have different thickness or weight? A. Yes. Q. And the final product may have different shapes, correct? A. Yes. Q. Are your opinions that are laid out in your report opinions based on the host tissue response to polypropylene mesh in general? A. Well, the tissue samples that I reviewed were from cases that used Prolene Soft Mesh, and therefore, my opinions are based on that.	3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22	A. Yes. Q. The if you turn to page 13 of your report, the final conclusion you make in your report states that "regarding symptomatology, there is no direct correlation between histologic findings and clinical presentation due to the fact that pain is a complex process influenced by anatomical, chemical and psychosocial factors." Do you see that, Doctor? A. Yes, I do. Q. Now, we had talked before about the ability to correlate histologic findings with clinical history. Do you recall that conversation? A. Yes, I do. Q. And that at least in practice before this litigation, you had seen instances where there was an ability to
4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21	A. Correct. Q. They can have different weave patterns? A. Yes. Q. They can have different thickness or weight? A. Yes. Q. And the final product may have different shapes, correct? A. Yes. Q. Are your opinions that are laid out in your report opinions based on the host tissue response to polypropylene mesh in general? A. Well, the tissue samples that I reviewed were from cases that used Prolene Soft Mesh, and therefore, my opinions are	3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21	A. Yes. Q. The if you turn to page 13 of your report, the final conclusion you make in your report states that "regarding symptomatology, there is no direct correlation between histologic findings and clinical presentation due to the fact that pain is a complex process influenced by anatomical, chemical and psychosocial factors." Do you see that, Doctor? A. Yes, I do. Q. Now, we had talked before about the ability to correlate histologic findings with clinical history. Do you recall that conversation? A. Yes, I do. Q. And that at least in practice before this litigation, you had seen
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	Page 118		Page 120
1	patient responsible for that complication	1	Q. You are familiar with that
2	as opposed to the mesh?	2	article?
3	MR. COMBS: Object to form.	3	A. Yes, I am.
4	A. No. What I am trying to say is	4	Q. It is on your reliance list.
5	that yes, there are patients that do not	5	A. Yes, it is.
6	have a comorbidity and have complications,	6	Q. You understand that that article
7	but there are patients that do have	7	was published in 2015?
8	comorbidities and those interact or those	8	A. I guess that's correct.
9	have a bearing into the complications.	9	Q. And it may have reached online
10	Q. You are on a case-specific	10	publication in 2014, but the there is no
11	female patient basis	11	reference in that article of all 130 of
12	A. Right.	12	those women who had explanted mesh
13	Q in this litigation, you would	13	suffering some underlying comorbidity,
14	look at their other medical conditions.	14	correct?
15	A. Yes, I would.	15	A. Right. In that particular
16	Q. In looking at the literature that	16	article, that's not what she compared.
17	identifies complication rates or pathology	17	Q. It is not your position as an
18	findings for explanted mesh, is it your	18	expert in this matter that any woman who
19	opinion that any woman in those studies	19	suffers a quality-of-life complication
20	that had explanted mesh suffered some	20	after being implanted with Ethicon's mesh
21	underlying comorbidity?	21	is suffering that because they have an
22	A. I'm not understanding what you	22	underlying comorbidity?
23	are saying. You are generalizing as if I	23	A. No, that's not my opinion.
24	am saying that every woman needs to have a	24	Q. So now we get to Prolene Soft
	Page 119		Page 121
1	comorbidity to have those complications.	1	properties, Doctor, and I want to just move
2	That's not what I am saying.	2	through this.
3	Q. That's what I wanted to	3	You state that "Prolene Soft Mesh
4	understand.	4	with its large pore size facilitates the
5	So you told us that you have	5	passage of fibroblasts in the deposition
6	opinions that are based upon review of five	6	and integration of the patient's collagen
7	specific cases in this matter, correct?	7	into the framework." That is the
8	A. Right, correct.	8	mesh-tissue matrix framework we have been
9	Q. But likewise, you recognize that	9	describing earlier, correct?
10	there is literature, for example, the	10	A. Correct, yes.
11	article by Hill that studied some 130	11	Q. This is the process of tissue
	population patients with explanted mesh,	12	ingrowth which you were describing?
12	population patients with engineers,		·
13	correct?	13	A. Correct, yes.
13 14	correct? A. Right.	14	A. Correct, yes.Q. Obviously, tissue ingrowth into
13 14 15	correct? A. Right. Q. And looked at the histology from	14 15	A. Correct, yes. Q. Obviously, tissue ingrowth into the gross mesh is different than just the
13 14 15 16	correct? A. Right. Q. And looked at the histology from that explanted mesh for women who had been	14 15 16	A. Correct, yes. Q. Obviously, tissue ingrowth into the gross mesh is different than just the healing response to a cut or a trauma?
13 14 15 16 17	correct? A. Right. Q. And looked at the histology from that explanted mesh for women who had been diagnosed with urinary dysfunction	14 15 16 17	A. Correct, yes. Q. Obviously, tissue ingrowth into the gross mesh is different than just the healing response to a cut or a trauma? A. Yes, that is correct.
13 14 15 16 17	correct? A. Right. Q. And looked at the histology from that explanted mesh for women who had been diagnosed with urinary dysfunction A. Dysfunction and the pain.	14 15 16 17 18	 A. Correct, yes. Q. Obviously, tissue ingrowth into the gross mesh is different than just the healing response to a cut or a trauma? A. Yes, that is correct. Q. The basis for your opinion
13 14 15 16 17 18	correct? A. Right. Q. And looked at the histology from that explanted mesh for women who had been diagnosed with urinary dysfunction A. Dysfunction and the pain. Q and then with pain, correct?	14 15 16 17 18 19	 A. Correct, yes. Q. Obviously, tissue ingrowth into the gross mesh is different than just the healing response to a cut or a trauma? A. Yes, that is correct. Q. The basis for your opinion regarding pore size of the Prolene Soft
13 14 15 16 17 18 19	correct? A. Right. Q. And looked at the histology from that explanted mesh for women who had been diagnosed with urinary dysfunction A. Dysfunction and the pain. Q and then with pain, correct? A. Correct.	14 15 16 17 18 19 20	 A. Correct, yes. Q. Obviously, tissue ingrowth into the gross mesh is different than just the healing response to a cut or a trauma? A. Yes, that is correct. Q. The basis for your opinion regarding pore size of the Prolene Soft Mesh, is that from a document that you were
13 14 15 16 17 18 19 20 21	A. Right. Q. And looked at the histology from that explanted mesh for women who had been diagnosed with urinary dysfunction A. Dysfunction and the pain. Q and then with pain, correct? A. Correct. Q. And wanted to compare the	14 15 16 17 18 19 20 21	A. Correct, yes. Q. Obviously, tissue ingrowth into the gross mesh is different than just the healing response to a cut or a trauma? A. Yes, that is correct. Q. The basis for your opinion regarding pore size of the Prolene Soft Mesh, is that from a document that you were provided from Ethicon?
13 14 15 16 17 18 19 20 21 22	A. Right. Q. And looked at the histology from that explanted mesh for women who had been diagnosed with urinary dysfunction A. Dysfunction and the pain. Q and then with pain, correct? A. Correct. Q. And wanted to compare the inflammatory response seen in those	14 15 16 17 18 19 20 21	 A. Correct, yes. Q. Obviously, tissue ingrowth into the gross mesh is different than just the healing response to a cut or a trauma? A. Yes, that is correct. Q. The basis for your opinion regarding pore size of the Prolene Soft Mesh, is that from a document that you were provided from Ethicon? A. I was provided with articles that
13 14 15 16 17 18 19 20 21	A. Right. Q. And looked at the histology from that explanted mesh for women who had been diagnosed with urinary dysfunction A. Dysfunction and the pain. Q and then with pain, correct? A. Correct. Q. And wanted to compare the	14 15 16 17 18 19 20 21	A. Correct, yes. Q. Obviously, tissue ingrowth into the gross mesh is different than just the healing response to a cut or a trauma? A. Yes, that is correct. Q. The basis for your opinion regarding pore size of the Prolene Soft Mesh, is that from a document that you were provided from Ethicon?

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1 times 170 hours would be the amount of	1 and described those findings then in
2 billing that you have made to Ethicon for	2 Appendix A?
	A. Right. I also included pictures
4 A. Right.	4 of polypropylene that were not part of the
5 MR. PERDUE: Phil, again, it	5 litigation.
	6 Q. Where is that?
7 break out by individual case. So in	A. For example, figure 5 talks about
8 fairness, you may want to produce the	8 a polypropylene suture that was found in a
9 invoices.	9 CABG, and it was not given to me by
10 And to the extent that they can 1	0 Ethicon.
be supplemented through counsel, 1	1 Q. What is the source it looks
12 Dr. Abadi, I think by agreement of 1	2 like 5, 6, are images related to a
counsel, we will just put that on the	persprend among assuming
14 record. 1	4 artery bypass graft?
15 MR. COMBS: We will forward those 1	
16 invoices. 1	6 Q. What is the source of that image?
17 Q. Have you reviewed any materials 1	in the section is all disters.
18 related to either polypropylene mesh, 1	Q. IIIII
Ethicon mesh or your opinions in this case 1	
	0 is a case of mine.
::::::	1 Q. This was a case of yours?
	A. Correct. That it is not
	3 independent from Ethicon, just to
24 there are a series of comments. Are these 2	4 illustrate that the reaction for the suture
Page 155	Page 157
1 your written commentary regarding specific	1 is the same as the same mesh. And that the
	2 patient had a perfect CABG. His cause of
3 A. Yes, that is correct.	death was unrelated to cardiac you know,
4 Q. And then Appendix A, are these	4 the bypass.
5 then the images of figures on which you're	5 And there was the same Bard,
6 commenting in Appendix B?	6 so-called Bard Dr. Iakovlev talks about,
7 A. No. The Appendix A are figures	you can see there it has no adverse
8 that I took, photographs that I took	8 reaction to the patient. Same like with
9 myself.	9 the inflammation; it is the same
10 Q. Appendix A are photographs that	0 inflammation that you see in the mesh.
you took yourself from the pathology 1.	1 Q. This is inflammation of cardiac
12 samples that Ethicon provided for your 1	
13 review?	
14 A. Correct.	
15 Q. So when we have talked today 1	1 5 1
16 about the basis for your opinions in this	
17 matter, again, the pathological samples of 1	1 1
18 explanted mesh that form the basis for your 1	
19 opinions were the five that were sent to	, S 1
20 you by Ethicon, correct?	1 11 12
21 A. Yes. 2	· · · · · · · · · · · · · · · · · · ·
Q. And then you so you took	
23 representative samples, I guess, from those 2	`
24 five, put markers or arrows on the images, 2	4 A. So in other words, the when

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	D 100	D 100
	Page 178	Page 180
1	CERTIFICATE	1
2	STATE OF NEW JERSEY)	2
3)ss:	3
4	COUNTY OF UNION)	4 PAGE LINE CHANGE
5	I, MARY F. BOWMAN, a Registered	5
6	Professional Reporter, Certified	6 REASON:
7	Realtime Reporter, and Notary Public	7
8	within and for the State of New Jersey,	8 REASON:
9	do hereby certify:	9
10	That MARIA A. ABADI, M.D., the	10 REASON:
11	witness whose deposition is	11
12	hereinbefore set forth, was duly sworn	12 REASON:
13	by me and that such deposition is a	13
14	true record of the testimony given by	14 REASON:
15	such witness.	15
16	I further certify that I am not	16 REASON:
17	related to any of the parties to this	17
18	action by blood or marriage and that I	18 REASON:
19	am in no way interested in the outcome	19
20	of this matter.	20 REASON:
21	In witness whereof, I have	21
22	hereunto set my hand this 1st day of	22 REASON:
23	April, 2016.	23
24		24 REASON:
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2	INDEX	1 ACKNOWLEDGMENT OF DEPONENT 2 3 I,, do
2 3 4	INDEX Examination by Mr. Perdue 4	1 ACKNOWLEDGMENT OF DEPONENT 2 3 I,, do 4 hereby certify that I have read the
2 3 4 5	INDEX	1 ACKNOWLEDGMENT OF DEPONENT 2 3 I,, do 4 hereby certify that I have read the 5 foregoing pages, and that the same is
2 3 4 5 6	INDEX Examination by Mr. Perdue 4 Examination by Mr. Combs 168	1 ACKNOWLEDGMENT OF DEPONENT 2 3 I,, do 4 hereby certify that I have read the 5 foregoing pages, and that the same is
2 3 4 5 6 7	INDEX Examination by Mr. Perdue 4 Examination by Mr. Combs 168 EXHIBIT INDEX	ACKNOWLEDGMENT OF DEPONENT I,, do I, do hereby certify that I have read the foregoing pages, and that the same is a correct transcription of the answers
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